

KANSAS CITY, KANSAS PUBLIC SCHOOLS

Direct Deposit / Paycard Authorization Form

I hereby authorize USD #500 to make payroll credit entries and any necessary adjustments involving same entries to my account indicated below, and I authorize the depository below to credit and/or debit the same to such account.

_____ Bldg. Loc. _____ Payroll ID # _____ Social Security Number _____ Name (Print as it appears on payroll)

_____ Signature _____ Date _____ Phone number _____ Date of Birth

For Direct Deposit Select One:

Add: _____ ** Due to the time required for USD #500 and bank processing, allow one or two pay periods for
Change: _____ processing. You will receive a regular paycheck until the change can be processed.

Business Use Only
Date _____
Bank # _____
Prenote _____
Entered by _____

Bank Name: _____

Checking: _____ Savings: _____ \$ _____ per check or _____ all of check

Bank Name: _____

Checking: _____ Savings: _____ \$ _____ per check or _____ all of check

NOTE: Attach a voided check or savings account SPEC sheet to validate account information.

If selecting PAYCARD fill out the following section:

_____ I elect to use the PAYCARD option instead of having my funds direct deposited to my bank account.

Name as it will appear on the card: _____

Address: _____

City: _____ State: _____ Zipcode: _____